



Compeer/Mental Health Association and
Bloomsburg University's Husky Running Club
PRESENTS THE 12th ANNUAL:

Mental Health 5K Run/Walk

April 11, 2010-10AM-Bloomsburg, PA

Location/Registration: Registration is held in the Bloomsburg Town Park. Registration opens at 8:30am, \$15 pre-registration if entry is postmarked by 3/26/10, \$20 after 3/26/10.

Course: The course follows Ft. McClure Rd., starting and ending at the Bloomsburg Town Park, flat, fast well marked scenic course perfect for first time racers, or more experienced runners looking for a personal best.

Amenities: T-shirts and goodie bags guaranteed to all pre-registered entrants (a limited number of extra t-shirts will be ordered, extra shirts will be distributed on a first come first serve basis), post race refreshments, results posted in 1-2 days at: <http://orgs.bloomu.edu/running>. Race held rain or shine. No mailing of awards or t-shirts.

Awards: Trophy for the first male and female, plus medals to the 1st, 2nd, and 3rd place in each age group for both male and females!

Age Categories: 14 & Under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

Proceeds: 100% of the funds raised will go towards the Compeer and Mental Health Association. The compeer program, through volunteerism and friendship strives to reduce hospitalization, the stigma associated with mental illnesses and to enhance public understanding of mental illness in children and adults. More information about the program and volunteering can be found at: mhacsv.org, or by calling: 570-784-9583.

Soles 4 Souls: is a non-profit organization that collects shoe donations, and redistributes them to various areas in times of need. All shoes are accepted. We will be running a collection drive so please empty out our shoe closet and bring any and all of your no longer wanted shoes!

Race Director: Lauren Heidelbaugh, 610-301-3136, lph44887@huskies.bloomu.edu

Make Checks Payable to: / Send Race Entries to:

Mental Health Association, 37 West Main Street, Suite 206 Bloomsburg, Pa 17815

Entry form on next page

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First Name: _____ Last Name: _____

Address _____ City _____ State ____ Zip _____

E-mail Address: _____ Age as of 4/11/10: _____ Date of Birth ____/____/____

Shirt Size (circle one): S M L XL XXL Sex: M F Event: 5K Run 5K Walk

Waiver: I hereby acknowledge that I have read and understand this Waiver and the foregoing information regarding the 5K Walk/Run. In consideration for my participation in the Event, and intending to be legally bound, I for myself, my heirs, executors and assigns, hereby waive, release and agree to indemnify the Mental Health Association/Compeer Program of the Central Susquehanna Valley (MHACPCSV), its corporate sponsors and all other parties from and against any and all claims, losses or liabilities arising out of my participation, even though such claim, loss or liability may arise from the negligence of any person or organization named in the waiver. I do not hold MHACPCSV, responsible for any medical treatment due to injury or illness that may occur during this Event. I give full permission to MHACPCSV to use any quotations and/or photographs of me that may be taken during this event.

Participant or Guardian Signature (If under 18)

Date